

TOWN OF YARMOUTH



HOMEOWNERSHIP PRESERVATION

Special Program to Address
Emergency Home Repairs Associated
with the 2019 Wind and Tornado Event



PROGRAM INFORMATION AND APPLICATION PROGRAM ENDS DECEMBER 31, 2019

The Homeownership Preservation Program is funded by the Town’s Community Preservation Program and the Affordable Housing Trust. The program has been expanded to include Emergency Repairs needed to address home damage caused by the 2019 Wind and Tornado Event. The intent of the program is to assist low-income Yarmouth homeowners with small loans of up to \$2,500 in order to preserve their home by repairing damage caused by the 2019 Wind and Tornado Event. The maximum loan amount was set with the intent to assist Yarmouth homeowners with repair costs not covered by home insurance claims. Repair costs above this range should apply to other assistance programs such as:

- Harwich Ecumenical Council for Housing H.E.L.P. 508-432-0015 ext. 109
- USDA Rural Development 508-295-5151

Eligibility Requirements:

- You must be a Yarmouth homeowner and reside in the home for which you are applying for assistance. The property must be your primary residence and must be your only real property. You must not be in the process of selling or planning to sell your home. Homes for sale are ineligible for these funds. You must be current with all tax and water payments to the Town, or have an approved payment plan for any past due charges.
- Your annual household income must be less than 80% of the Area Median Income (AMI) (limits are listed below). Your income shall be determined by the Adjusted Gross Income method.

FY2019 Annual Income Limits (U.S. HUD)	Household Size				
	1 Person	2 Person	3 Person	4 Person	5 Person
80% Area Median Income	\$51,250	\$58,600	\$65,900	\$73,200	\$79,100

The Program may assist with current emergency repair needs caused by the 2019 Wind and Tornado Event. Eligible work includes damaged roofs, doors, windows, sidewall etc. The program cannot assist with tree removal, unless tree work is necessary to complete eligible work. Homeowners with additional repair needs should apply to assistance programs such as:

- Harwich Ecumenical Council for Housing H.E.L.P. 508-432-0015 ext. 109
- USDA Rural Development 508-295-5151

Your application for assistance and the scope of work must be approved by the Town prior to the start of work. Work already completed is not eligible.

Funding Amounts:

Loans are limited to \$2,500. The Affordable Housing Trust has set aside \$25,000 for this program with the intent to assist ten (10) low-income Yarmouth homeowners. Funds are limited, and loans are made based on availability of funds. If more than ten (10) households apply, your request may not be funded or you may be placed on a wait list.

Loans:

The loans are in the form of a zero percent interest, deferred mortgage, payable at the time of sale, refinance or transfer of the property. Homeowners are required to execute a loan agreement, promissory note and mortgage. The Town will not subordinate this mortgage to a reverse mortgage or to a significant equity cash out. **The loan agreement, promissory note, and mortgage are legally binding documents and you are strongly encouraged to seek legal advice from a qualified attorney.**

Procedure:

- Step 1: Homeowner completes, signs and submits application to Town with all required documentation. **Required documentation:** To complete this application, please submit the following:
- Documentation of ownership of property, such as a deed.
 - Documentation of damage requiring emergency repair.
 - Documentaion that property tax and water bills are current; or that there is a Town approved payment plan to address any past due charges.
 - Federal Tax Returns for 2018 and 2017.
 - 6 most recent Pay Stubs for all jobs for all wage earning household members.
 - Any current unemployment statements
 - Documentation of any current income from Social Security, veteran benefits, disability payments, child support, alimony, IRAs, retirement funds, pensions, stocks, bonds and Certificates of Deposit.
 - An affidavit of no-income (form attached here, one per each household member of age 18 or older).
 - 3 consecutive statements for all bank accounts (starting within one month of application) or Bank Book.
- Step 2: Town reviews homeowner's application and notifies homeowner of eligibility.
- Step 3: *If the application has been approved by the Town*, the Town inspects the property and reviews the scope of work. Homeowner and Town must agree upon the final scope of work.
- Step 4: Homeowner solicits three written quotes from qualified, licensed contractors.
- Step 4: Homeowner submits the three written quotes to the Town for review. Town must agree to the choice of contractor. Town reserves the right to reject work done by homeowner or unlicensed contractors, or work performed without a buidling permit.
- Step 5: If scope of work and contractor is approved by Town, homeowner notifies chosen contractor to start work. The homeowner and contractor are responsible to secure any and all required building permits and related inspections.
- Step 6: Once work is complete, owner provides documentation to Town that the work is complete and satisfactory, and Town inspects the completed work.
- Step 7: Owner pays contractor.
- Step 8: Owner executes loan agreement, promissory note, and mortgage with Town. Town records mortgage at the Barnstable County Registry of Deeds. Owner submits a request for reimbursement. Town then processes the reimbursement request.

Supplemental or Alternative Funding Sources for Homeownership Repair:

Harwich Ecumenical Council for Housing (HECH)
Homeowner Emergency Loan Program
508-432-0015 ext. 109

USDA Rural Development
508-295-5151 TDD 413-253-4590

TOWN OF YARMOUTH



HOMEOWNERSHIP PRESERVATION

Special Program to Address
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EQUAL HOUSING
OPPORTUNITY

PROGRAM APPLICATION PROGRAM ENDS DECEMBER 31, 2019

Applicant Information	
Applicant Name	
Co-Applicant Name	
Property Address	
Mailing Address	
Home Phone:	Work Phone:
Email:	

How many members are in your household? _____ List All Household Members that live at your property, or who list your property as their legal address:

Name	Relationship	SS# (last four digits)
	Self	

Mortgage Information: Please list all mortgages you have on the property:

First Mortgage		Second Mortgage	
Homeowner name on mortgage		Homeowner name on mortgage	
Name of Bank or Mortgage Company		Name of Bank or Mortgage Company	
Original Principal Amount of Mortgage		Original Principal Amount of Mortgage	
Date of Original Mortgage		Date of Original Mortgage	

Do you have clear title to this property? Yes or No

Are you planning to sell or refinance your home? Yes or No

Are you authorized to execute a mortgage/loan agreement/promissory note on this property? Yes or No

Home Insurance:

Do you have home insurance: Yes or No

Name of home insurance company: _____

Did you submit a claim to your home insurance company for the damage caused by the 2019 Wind and Tornado Event? Yes or No

Did your home insurance approve the claim? Yes or No

If yes, for what amount? \$ _____

If yes, for what work? _____

If not, why? _____

Emergency Repair Needs:

Describe the emergency repair needs which resulted from damage caused by the 2019 Wind and Tornado Event: _____

**TOWN OF YARMOUTH
 HOMEOWNERSHIP PRESERVATION PROGRAM
 CURRENT ADJUSTED GROSS INCOME CALCULATION
 PROJECTED FOR THE 2019 TAX YEAR**

Household Name: _____ **Address** _____

	Applicant	Applicant	Applicant
Name of Household Members Earning Income:			
1. Wages, salaries, tips			
2. Taxable interest			
3. Dividend income			
4. Taxable refunds/ credits/offsets of state/ local income taxes			
5. Alimony received			
6. Business income (or loss)			
7. Capital gain (or loss)			
8. Other gains (or losses)			
9. Taxable amount of IRA distributions			
10. Taxable amount of pensions and annuities			
11. Rental real estate, royalties, partnerships, trusts, etc.			
12. Farm income (or loss)			
13. Unemployment compensation			
14. Taxable amount of Social Security benefits			
15. Other income			
16. Subtotal (lines 1-15)			
17. IRA deduction			
18. Medical savings account deduction			
19. Moving expenses			
20. One-half of self-employment tax			
21. Self-employed health insurance deduction			
22. Keogh and self-employed SEP and SIMPLE plans			
23. Penalty on early withdrawal of savings			
24. Paid alimony			
25. Subtotal (lines 17-24)			
26. Adjusted Gross Income (Subtract line 25 from line 16)			

THIS TABLE FOR USE BY OFFICE STAFF			
TOTAL HOUSEHOLD FY2019 INCOME			
TOTAL NUMBER PERSONS IN HOUSEHOLD			
INCOME LIMIT (80% FY2019 AMI)			
IS FY2019 HOUSEHOLD INCOME BELOW FY2019 INCOME LIMIT?			
SIGNATURE		DATE	
NAME and TITLE			

**TOWN OF YARMOUTH
 HOMEOWNERSHIP PRESERVATION PROGRAM
 ADJUSTED GROSS INCOME CALCULATION
 FOR THE 2018 TAX YEAR**

Household Name: _____ Address _____

	Applicant	Applicant	Applicant
Name of Household Members Earning Income:			
1. Wages, salaries, tips			
2. Taxable interest			
3. Dividend income			
4. Taxable refunds/ credits/offsets of state/ local income taxes			
5. Alimony received			
6. Business income (or loss)			
7. Capital gain (or loss)			
8. Other gains (or losses)			
9. Taxable amount of IRA distributions			
10. Taxable amount of pensions and annuities			
11. Rental real estate, royalties, partnerships, trusts, etc.			
12. Farm income (or loss)			
13. Unemployment compensation			
14. Taxable amount of Social Security benefits			
15. Other income			
16. Subtotal (lines 1-15)			
17. IRA deduction			
18. Medical savings account deduction			
19. Moving expenses			
20. One-half of self-employment tax			
21. Self-employed health insurance deduction			
22. Keogh and self-employed SEP and SIMPLE plans			
23. Penalty on early withdrawal of savings			
24. Paid alimony			
25. Subtotal (lines 17-24)			
26. Adjusted Gross Income (Subtract line 25 from line 16)			

THIS TABLE FOR USE BY OFFICE STAFF			
TOTAL HOUSEHOLD FY2018 INCOME			
TOTAL NUMBER PERSONS IN HOUSEHOLD			
INCOME LIMIT (80% FY2018 AMI)			
IS FY2018 HOUSEHOLD INCOME BELOW FY2018 INCOME LIMIT?			
SIGNATURE		DATE	
NAME and TITLE			

**TOWN OF YARMOUTH
HOMEOWNERSHIP PRESERVATION PROGRAM
PROJECTED ADJUSTED GROSS INCOME CALCULATION
FOR THE 2017 TAX YEAR**

Household Name: _____ **Address** _____

	Applicant	Applicant	Applicant
Name of Household Members Earning Income:			
1. Wages, salaries, tips			
2. Taxable interest			
3. Dividend income			
4. Taxable refunds/ credits/offsets of state/ local income taxes			
5. Alimony received			
6. Business income (or loss)			
7. Capital gain (or loss)			
8. Other gains (or losses)			
9. Taxable amount of IRA distributions			
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11. Rental real estate, royalties, partnerships, trusts, etc.			
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18. Medical savings account deduction			
19. Moving expenses			
20. One-half of self-employment tax			
21. Self-employed health insurance deduction			
22. Keogh and self-employed SEP and SIMPLE plans			
23. Penalty on early withdrawal of savings			
24. Paid alimony			
25. Subtotal (lines 17-24)			
26. Adjusted Gross Income (Subtract line 25 from line 16)			

THIS TABLE FOR USE BY OFFICE STAFF

TOTAL FY2017 HOUSEHOLD INCOME	
TOTAL NUMBER PERSONS IN HOUSEHOLD	
INCOME LIMIT (80% FY2017 AMI)	
IS FY2019 HOUSEHOLD INCOME BELOW FY2019 INCOME LIMIT?	
IS FY2018 HOUSEHOLD INCOME BELOW FY2018 INCOME LIMIT?	
IS FY2017 HOUSEHOLD INCOME BELOW FY2017 INCOME LIMIT?	
IS HOUSEHOLD INCOME ELIGIBLE TO RECEIVE ASSISTANCE?	
SIGNATURE	DATE
NAME and TITLE	



TOWN OF YARMOUTH

HOMEOWNERSHIP PRESERVATION CERTIFICATION

Household Name: _____ Address _____

I/We hereby certify that I/we have read and understand the Homeownership Preservation Program description and application, and further that I/we will comply with the requirements of said program.

I/We hereby certify that I own and reside the property located at _____, that is my/our only real property, that the property is not for sale, and that I/we have no current plans to sell this property.

I/We hereby certify that I/we shall allow access to my property located at _____ to the Town of Yarmouth and their inspectors and any contracted subcontractors for the purposes of establishing and documenting the need for emergency repair, the scope of work and cost of said emergency repair, and the quality and compliance with health and safety code of any emergency repair performed.

I/We hereby certify that the information provided in this application and supporting documentation is accurate and correct to the best of my/our knowledge and belief under full penalty of perjury. I/We shall update the Town of Yarmouth of any changed to the information I/we have provided in this application including, but not limited, to household members, income or plans to sell my/our property.

I/WE hereby release the Town of Yarmouth from any and all liability, including but not limited to damages, aiming out of the release by me/us of any such information requested, and/or the allowance of the Town of Yarmouth staff and subcontractors onto my/our property.

_____	_____	_____
Head of Household	Signature	Date
_____	_____	_____
Household Member of Age 18 or Older	Signature	Date
_____	_____	_____
Household Member of Age 18 or Older	Signature	Date
_____	_____	_____
Household Member of Age 18 or Older	Signature	Date

AFFIDAVIT OF NO INCOME

I, _____, ATTEST THAT I DO NOT HAVE
ANY INCOME FROM THE FOLLOWING:

Income Source	Initial
Wages, salaries, tips	
Taxable interest	
Dividend income	
Taxable refunds/ credits/offsets of state/ local income taxes	
Alimony received	
Business income (or loss)	
Capital gain (or loss)	
Other gains (or losses)	
Taxable amount of IRA distributions	
Taxable amount of pensions and annuities	
Rental real estate, royalties, partnerships, trusts, etc.	
Farm income (or loss)	
Unemployment compensation	
Social Security benefits	
Other income	

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS AFFIDAVIT IS ACCURATE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF UNDER FULL PENALTY OF PERJURY.

Signature

Witness

Date

AFFIDAVIT OF NO INCOME

I, _____, ATTEST THAT I DO NOT HAVE
 ANY INCOME FROM THE FOLLOWING:

Income Source	Initial
Wages, salaries, tips	
Taxable interest	
Dividend income	
Taxable refunds/ credits/offsets of state/ local income taxes	
Alimony received	
Business income (or loss)	
Capital gain (or loss)	
Other gains (or losses)	
Taxable amount of IRA distributions	
Taxable amount of pensions and annuities	
Rental real estate, royalties, partnerships, trusts, etc.	
Farm income (or loss)	
Unemployment compensation	
Social Security benefits	
Other income	

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS AFFIDAVIT IS ACCURATE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF UNDER FULL PENALTY OF PERJURY.

 Signature

 Witness

 Date

Request for Transcript of Tax Return

OMB No. 1545-1872

▶ Do not sign this form unless all applicable lines have been completed.
 ▶ Request may be rejected if the form is incomplete or illegible.
 ▶ For more information about Form 4506-T, visit www.irs.gov/form4506t.

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days

c Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

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Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.

Signature (see instructions)	Date	Phone number of taxpayer on line 1a or 2a
Title (if line 1a above is a corporation, partnership, estate, or trust)		
Spouse's signature	Date	

**TOWN OF YARMOUTH
Eligibility Release Form**

ORGANIZATION REQUESTING RELEASE OF INFORMATION:

TOWN OF YARMOUTH – DEPT OF COMMUNITY DEV

PURPOSE: YOUR SIGNATURE ON THIS RELEASE FORM, AND THE SIGNATURES OF EACH MEMBER OF YOUR HOUSEHOLD WHO IS 18 YEARS OF AGE OR OLDER, AUTHORIZES THE ABOVE-NAMED ORGANIZATION TO OBTAIN INFORMATION FROM A THIRD PARTY RELATIVE TO YOUR ELIGIBILITY AND CONTINUED PARTICIPATION IN THE TOWN OF YARMOUTH AFFORDABLE HOUSING PROGRAM

PRIVACY ACT NOTICE STATEMENT: THE DEPARTMENT OF COMMUNITY DEVELOPMENT IS REQUIRING THE COLLECTION OF THE INFORMATION DERIVED FROM THIS FORM TO DETERMINE AN APPLICANT’S ELIGIBILITY IN A TOWN OF YARMOUTH FINANCIAL ASSISTANCE PROGRAM AND THE AMOUNT OF ASSISTANCE NECESSARY USING TOWN FUNDS. THIS INFORMATION WILL BE USED TO ESTABLISH LEVEL OF BENEFIT ON THE PROGRAM; TO PROTECT THE TOWN’S FINANCIAL INTEREST; AND TO VERIFY THE ACCURACY OF THE INFORMATION FURNISHED. IT MAY BE RELEASED TO APPROPRIATE FEDERAL, STATE, AND LOCAL AGENCIES WHEN RELEVANT, TO CIVIL, CRIMINAL, OR REGULATORY INVESTIGATORS, AND TO PROSECUTORS. FAILURE TO PROVIDE ANY INFORMATION MAY RESULT IN A DELAY OR REJECTION OF YOUR ELIGIBILITY APPROVAL.

INSTRUCTIONS: EACH ADULT MEMBER OF THE HOUSEHOLD MUST SIGN AN ELIGIBILITY RELEASE FORM PRIOR TO THE RECEIPT OF BENEFIT TO ESTABLISH ELIGIBILITY.

INFORMATION COVERED: INQUIRIES MAY BE MADE ABOUT ITEMS INITIALED BY APPLICANT/TENANT.

	VERIFICATION REQUIRED	INITIALS
INCOME (ALL SOURCES)		
ASSETS (ALL SOURCES)		
CHILD CARE EXPENSE		
HANDICAP ASSISTANCE EXPENSE (IF APPLICABLE)		
MEDICAL EXPENSE (IF APPLICABLE)		
OTHER (LIST) _____ _____		
DEPENDENT DEDUCTION ____ FULL-TIME STUDENT ____ HANDICAP/DISABLED ____ FAMILY MEMBER ____ MINOR CHILDREN		

AUTHORIZATION: I AUTHORIZE THE TOWN OF YARMOUTH, THE ABOVE-NAMED CDBG RECIPIENT, TO OBTAIN INFORMATION ABOUT ME AND MY HOUSEHOLD THAT IS PERTINENT TO ELIGIBILITY FOR PARTICIPATION IN THE TOWN OF YARMOUTH AFFORDABLE HOUSING PROGRAM.

I ACKNOWLEDGE THAT:

- (1) A PHOTOCOPY OF THIS FORM IS AS VALID AS THE ORIGINAL.
- (2) I HAVE THE RIGHT TO REVIEW THE FILE AND THE INFORMATION RECEIVED USING THIS FORM (WITH A PERSON OF MY CHOOSING TO ACCOMPANY ME).
- (3) I HAVE THE RIGHT TO COPY INFORMATION FROM THIS FILE AND TO REQUEST CORRECTION OF INFORMATION I BELIEVE INACCURATE.
- (4) ALL ADULT HOUSEHOLD MEMBERS WILL SIGN THIS FORM AND COOPERATE WITH THE OWNER IN THIS PROCESS.

HEAD OF HOUSEHOLD—SIGNATURE, PRINTED NAME, AND DATE:
FAMILY MEMBER HEAD

OTHER ADULT MEMBER OF THE HOUSEHOLD—SIGNATURE, PRINTED NAME, AND DATE:
FAMILY MEMBER #2

OTHER ADULT MEMBER OF THE HOUSEHOLD—SIGNATURE, PRINTED NAME, AND DATE:
FAMILY MEMBER #3